

CONTRACTOR APPLICATION ATTACHMENT CHECK LIST

Please answer all questions on the application to the best of your ability. Do not leave blanks, if the question is not applicable write N/A. Information can be obtained on our website at www.mass.gov/dols.

Please use this check off sheet to ensure that you have included all your attachments with your contractor application.

If you have employees:

Did you remember to submit:

- ☐ **Certificate of Good Standing/Business Certificate/DBA/Foreign Corporation Certificate**
- ☐ **Training Certificate**
- ☐ **Workman's Compensation Sheet with the proper codes on the description box (5474 Lead; 5472 & 5473 Asbestos) and the Department of Labor Standards, 19 Staniford Street. 2nd, Floor Boston MA 02114 listed as the certificate holder.**
- ☐ **Medical Monitoring & Respiratory Protection Programs (or a letter stating they have not changed if it is a renewal)**
- ☐ **Certified Check or Money Order**
- ☐ **Copies of Violations (if any)**

If you do NOT have employees:

Did you remember to submit:

- ☐ **Certificate of Good Standing/Business Certificate/DBA/Foreign Corporation Certificate**
- ☐ **Training Certificate**
- ☐ **A notarized statement stating you have no employees**
- ☐ **Certified Check or Money Order**
- ☐ **Copies of Violations (if any)**

Please mail your completed application, fee and the required documents to:
Department of Labor Standards, 19 Staniford St., 2nd Floor, Boston, MA 02114



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS

19 STANIFORD STREET • 2ND FLOOR, BOSTON, MA 02114
PHONE: 617-626-6960 • FAX: 617-626-6965 • www.mass.gov/dols

LEAD SAFE RENOVATOR CONTRACTOR APPLICATION

(In accordance with the provisions of M.G.L. c. 111, §. 189A-199B and 454 CMR 22.00)

- ☐ Initial Application
☐ Renewal Application
☐ Duplicate Application/Issue

License # _____
Date _____
Reviewer _____

Please complete each section by printing or typing the information, attaching all required documentation and signing the application. Please note that incomplete applications, including missing attachments, will significantly delay the processing of your application.

Section I: APPLICANT INFORMATION

Applicant or Business Name _____

Telephone Number (____) _____ FAX _____

E-mail address: _____ Website Address: _____

Applicant or Business Location (Street) _____

City/Town _____ State _____ Zip _____

Mailing Address (if different from above) _____

City/Town _____ State _____ Zip _____

Federal Identification Number OR Social Security Number _____

Applicant is a(n): ☐ Individual ☐ Sole proprietorship ☐ Partnership, LP, or LLP ☐ Corporation or LLC

☐ Public entity (housing authority, town, school, etc.) ☐ Other _____

Section II: REQUIRED INFORMATION & ATTACHMENTS *Provide information below and attach the following:*

1. (A) ☐ If applicant is a Sole Proprietorships or Partnership: A copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the applicant is located.
- (B) ☐ If applicant is a Corporation or LLC:
 - **Organized in MA in existence for less than one (1) year**, provide a copy of the short form Certificate of Legal Existence, issued by the Sec. of the Commonwealth's Office.*
 - **Organized in MA in existence for more than (1) year**, provide a Certificate of Good Standing, issued by the Secretary of the Commonwealth's Office.*
 - **Foreign Corporation** (a corporation transacting business in the Commonwealth of MA and organized under laws of a different state), provide a copy of the Foreign Corporation Certificate and a Certificate of Good Standing. *Secretary of the Commonwealth's Office: One Ashburton Place., Boston, MA 02108-1512; Tel.: 1-800-392-6090; www.sec.state.ma.us/cor/coridx.htm
- (C) ☐ Not applicable. I am an Individual, Public Entity or Other, as noted in Section I above.

2. List all names, acronyms or other identifiers by which the applicant does or has done business, the address(es) and telephone number(s) of the business. *Use additional paper if necessary.*

NAME/ACRONYM	ADDRESS	TELEPHONE NUMBER

3. List all states in which the applicant holds a current license, certification, accreditation or other approval for Deleading or Renovation Work. *Use additional paper if necessary.*

STATE	NAME/TYPE OF LICENSE, CERTIFICATION, ACCREDITATION OR OTHER APPROVAL

4. List the names and addresses of all Deleading or Renovation Firms or entities in which the Responsible Person(s) of the applicant has or has had a financial interest or management responsibility. *Use additional paper if necessary.*

NAME OF ENTITY	ADDRESS

5. Does the applicant have employee(s)?

☐ **Yes** • **IF APPLICANT HAS EMPLOYEES**, attach (A), (B) and (C) listed below to this completed application:

- (A) A list of employees in applicant's present workforce and a list of employees who have worked for the applicant for any period of time during the preceding 12 months.
- (B) A respiratory protection AND worker health and safety program evidencing compliance with 29 CFR 1910.134 and OSHA medical monitoring requirements. If the applicant does not have a written program, model program templates for respirator and worker protection/medical monitoring programs can be downloaded from the DLS webpage at: www.mass.gov/dols. Click on "Labor Standards" link, then on Click on "Lead Program" link, and then click on "Lead Documents" link. See "Model Written Respirator" and "Model Written Medical Monitoring and Worker Protection Program" links.
- (C) A copy of applicant's workers' compensation insurance policy Certificate of Insurance or evidence of self-insurance program, if the applicant has any employee(s). The Certificate of Insurance must include the assigned policy number and effective dates and show the Department of Labor Standards and current address as the certificate holder.

☐ **No** • **IF APPLICANT HAS NO EMPLOYEES**, attach (D) ONLY

- (D) Attach a **NOTARIZED STATEMENT** which clearly states, "(Applicant or Business name) has no employees." Applicant must sign and date the statement and statement must be notarized. Note that if the business acquires an employee(s) at a future date, it must have a respiratory protection and worker health and safety protection program as noted in 5B above.

6. List the names and titles of all Responsible Persons and managers of the applicant who have primary responsibility for, and control over, Renovation Work of the applicant. *Use additional paper if necessary.*

NAME	TITLE

7. List all occupational and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgments, received by the Responsible Persons of the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice. *Use additional paper if necessary.*

CITATION/NOTICE	ISSUING AGENCY/DEPARTMENT	FINAL DISPOSITION

8. Attach legible copies of Deleading or Renovation Supervisor training certificates indicating that a Responsible Person or manager of the applicant listed pursuant to 454 CMR 22.04(1)(a)9, has successfully completed the applicable initial and/or refresher training requirements for:
- Deleader-Supervisor, taken on or after July 9, 2010, as specified in 454 CMR 22.08(4)(c) and/or 454 CMR 22.08(4)(f) **OR**
 - Renovator-Supervisor as specified by 454 CMR 22.08(4)(d) and/or 454 CMR 22.08(4)(f).
9. A **MONEY ORDER OR CERTIFIED BANK CHECK payable to the Commonwealth of Massachusetts** in the amount of **\$375.00**. If the Director denies, revokes, suspends or refuses to renew the License for reasons specified in 454 CMR 22.15, the application fee payment is not refundable.

Section III: PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I, _____, _____, do
PRINT NAME PRINT TITLE

hereby certify, that my business has complied with all laws of the Commonwealth of Massachusetts relating to: taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)); unemployment insurance contributions (M.G.L. c. 151A, § 19A(a)); unemployment health insurance contributions (M.G.L. c. 151A, § 14G(e); and fair share employer contributions (M.G.L. c. 149, § 188(d)).

I further state that all employees employed by me or the business named in paragraph one (1) hereto as of the date of this application will be licensed pursuant to the requirements of Section 454 CMR 22.04; and that all supervisors, deleaders and renovation workers have received or will receive training pursuant to 454 CMR 22.08 on or before beginning deleading or renovation work; and that all supervisors, deleaders and renovation workers will meet all medical requirements, including those pertaining to blood lead monitoring, of 454 CMR 22.00.

I further state, that this application is prepared in conformity with 454 CMR 22.00 and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief. **Signed under the penalties of perjury.**

SIGNATURE _____ DATE _____

Licenses issued pursuant to 454 CMR 22.04(1) and (2) shall be valid for a period of five (5) years from the date of issuance. The Director may renew a License issued pursuant to this section, provided the current license holder submits in person a renewal application at least 30, but not more than 60, calendar days before the expiration of the current license. Applications received later than 30 calendar days before the expiration of the current license will be processed in the normal course of business, which may result in the license being renewed after its expiration date.

Please forward your completed application and required attachments to: Massachusetts Department of Labor Standards, Licensing & Regulations Unit, 19 Staniford Street, 2nd Floor, Boston, MA 02114

-----FOR OFFICIAL DLS USE ONLY-----

Attachment	Approved by	Date	Attachment	Approved by	Date
Business Cert or Corp. Certs.			Respiratory Protection		
List of employees or not. statement			Medical Monitoring		
WC Certificate of Insurance			Application fee		
Training Certificates			Application OK To ISSUE		